Golden Valley Unified School District STUDENT PERMISSION TO DRIVE PERSONAL VEHICLE FOR OFF CAMPUS CLASSES

	I, will be attending		
Comr Scho	ommunity College for class(es) pertaining to my studies at	High	
1.	I am a licensed driver in the State of California and my license number is		
	, the expiration date is		
	(MM/DD/YY)		
2.	I drive a,		
	(Year) (Make & Model)		
3.	My vehicle is equipped with seat belts, and I agree to abide by	My vehicle is equipped with seat belts, and I agree to abide by all seat belt laws.	
4.	There will be no financial charge by me to the school district for the use of this vehicle		
5.	I agree to the fact that no one, including other students, will be transported in this vehicle when I am traveling for these classes.		
6.	I carry insurance with, p Company. The effective dates of policy:, p Insurance agent:	olicy number:	
	phone: Also, I understand that my insurance will be the		
	primary coverage when I am involved in travel to and fromCollege.		
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to driv	, as parent of ve agreed for my child to participate in these classes and have als drive themselves to and from rpose.		
Date	ate:(Parent's Signatu	ıre)	
	THE UNDERSIGNED, UNDERSTANDS THE ABOVE DRIVER REQUIREMENTS AND AGREES TO COMPLY WITH THESE REQUIREMENTS IN ALL INSTANCES.		
Date:	te: (Driver's Signatu	re)	
	(Parent's Signatur	re)	

Release - Student Transportation between classes.doc